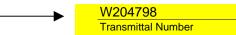
## Enter your transmittal number



Your unique Transmittal Number can be accessed online: <a href="http://mass.gov/dep/service/online/trasmfrm.shtml">http://mass.gov/dep/service/online/trasmfrm.shtml</a> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

## **Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment**

1. Please type or print. A separate Transmittal Form must be completed for each permit application.	Α.	. Permit Information					
		BWP IW 38	trial Sewer User				
		1. Permit Code: 7 or 8 character code from permit instructions  2. Name of Permit Category Industrial Sewer User in IPP POTW discharging more than 50,000 GPD					
		3. Type of Project or Activity					
2. Make your check payable to	R	. Applicant Information – Firm or Individual					
the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.	υ.	• •	i iiidividu	aı			
		Lawrence General Hospital					
		Name of Firm - Or, if party needing this approval is an individual enter name below:					
		2. Last Name of Individual	3. First Name of Individual			4. MI	
		One General Street					
3. Three copies of		5. Street Address	B 4 A	04044	070 040 0470		
this form will be needed. Copy 1 - the original must		Lawrence	MA 7. State	01841	978 946-8179	10. Ext. #	
		6. City/Town Joe Mona	7. State	8. Zip Code jmona@lawrenc	9. Telephone #	10. EXt. #	
		11. Contact Person		12. e-mail address (	<u> </u>		
		11. Contact i elson		12. e-mail address (	optional)		
accompany your	_	C. Facility, Site or Individual Requiring Approval					
permit application.  Copy 2 must							
accompany your		Lawrence General Hospital					
fee payment.		1. Name of Facility, Site Or Individual					
Copy 3 should be retained for your records		One General Street  2. Street Address					
		Lawrence	MA	01841	978 946-8179		
		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
<b>4.</b> Both fee-paying and exempt		1210025	042103	•	o. relephone "	7. Ext. //	
applicants must		8. DEP Facility Number (if Known)  9. Federal I.D. Number (if Known)  10. BWSC Tracking # (if Known)					
mail a copy of this							
transmittal form to:	D.	Application Prepared by (if different from Section B)*					
MassDEP P.O. Box 4062 Boston, MA 02211		AMEC Earth and Environmental, Inc.					
		1. Name of Firm Or Individual					
		2 Robbins Road					
		2. Address					
		Westford	MA	01886	978 692-9090	296	
		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
		Sean McGuigan					
		8. Contact Person	ontact Person 9. LSP Number (BWSC Permits only)				
	E.	E. Permit - Project Coordination					
	1.	1. Is this project subject to MEPA review? ☐ yes ☒ no					
	٠.	If yes, enter the project's EOEA file number - assigned when an					
		Environmental Notification Form is submitted to the MEPA unit:					
		EOEA File Number					
	F.	F. Amount Due					
DEP Use Only	Sn	ecial Provisions:					
· · · · · · · · · · · · · · · · ·	<b>Эр</b> 1.						
Permit No:	••	There are no fee exemptions for BWSC permits, regardless of applicant status.					
	2.	☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).					
Rec'd Date:	3.	Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).					
	4.	☐ Homeowner (according to 310 CMR 4.02).					
Reviewer:			805.00				
		Check Number Dolla	ır Amount		Date		

w204798\_trans\_form • rev. 1/07